

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36026

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township **St. Louis** Primary Registration District No. **1008**
(c) City..... (d) Street No. **23137a Nebraska Ave.** Registered No. **9603**
(e) Length of residence in city or town where death occurred **69** yrs. **7** mos. **25** ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Paul A. Hoff Sr.
(a) Residence, No. **3137a Nebraska Avenue** St. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Manar		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1868		
7. AGE 69	YEARS 7	MONTHS 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Packer		
9. Industry or business in which work was done, as saw mill, bank, etc. Famous-Barr Co.		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri		
13. NAME Unknown Hoff		
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown		

17. INFORMANT **Louis P. Hoff**
(ADDRESS) **3137a Nebraska Avenue**
18. BURIAL, CREMATION, OR REMOVAL
PLACE **S. S. Peter & Paul** DATE **October 16, 1937**
19. FUNERAL DIRECTOR **Wm J. Robert**
(ADDRESS) **1905 S. Grand Blvd**
OCT 15 1937 **J. F. Bredeck**
20. FILE **Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 13, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 21st**, 1937, to **Oct 13th**, 1937.
I last saw him alive on **Oct 13th**, 1937. Death is said to have occurred on the date stated above, at **9:45 P. M.**
The principal cause of death and related causes of importance were as follows:
Cancer - primary in left cheek & side 1934
Other contributory causes of importance:
Cerebral Anemia Emaciation
Name of operation **Removal of tumor of cheek** Date of **9-21-37**
What test confirmed diagnosis? **W** Was there an autopsy? **no**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **W. F. Michael**, M. D.
(Address) **506 Ohio St**

STATEMENT BY LICENSED EMBALMER

I, _____

W. J. Robert

_____, Licensed Embalmer No. _____

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hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____, L. E. _____

No. _____ or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

W. J. Robert

_____, Licensed Embalmer No. _____

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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)